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Comparison of ofloxacin with oxytetracycline in the treatment of non-gonococcal urethritis in men

Ofloxacin has been shown to be effective in the treatment of genital infections due to *Chlamydia trachomatis* and in non-gonococcal urethritis (NGU).[1–3] We conducted a study to compare the efficacy of ofloxacin against oxytetracycline in the treatment of NGU.

New and re-booked males with NGU, who attended the Department of Genitourinary Medicine at the Bristol Royal Infirmary were recruited. Those who had received antibiotics in the preceding two months were excluded. Routine samples were taken for the detection of *Neisseria gonorrhoeae* and *C. trachomatis*. Patients were randomly allocated to receive either ofloxacin 400 mg once daily for ten days or oxytetracycline 250 mg four times daily for ten days. They were reassessed 14 and 21 days after initiation of therapy for clinical cure of urethritis.

Of the 265 men with NGU, 127 were treated with ofloxacin while 138 received oxytetracycline. Age, number of sexual partners in the preceding six months and condom use were similar in both groups. Twenty-four men in the ofloxacin group and 36 in the oxytetracycline group were not assessable because of either default or sexual intercourse, during the follow-up period. Chi square test was used for statistical analysis. The results are summarised in the table.

Our study has shown that clinical cure rates for NGU did not differ significantly between the treatment groups. This is in agreement with previous studies which have compared ofloxacin with doxycycline[1 2] and erythromycin.[3] Moreover, cure rates were not significantly different between the two antibiotics, for chlamydia-positive and chlamydia-negative NGU. Patients tolerated ofloxacin well and found the single dose regimen convenient.

We conclude that ofloxacin is a safe and effective alternative in the treatment of non-gonococcal urethritis in men.

V BATTU
JT ARUMAINAYAGAM
AN McCLEAN
Department of Genitourinary Medicine, Bristol Royal Infirmary, Bristol BS2 8HW, UK

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Table Clinical cure in men with NGU

	Ofloxacin	*Oxytetracycline*	
Chlamydia-positive NGU	35/44 (79·5%)	33/37 (90·2%)	$p > 0·1$
Chlamydia-negative NGU	50/59 (84·7%)	57/65 (87·6%)	$p > 0·5$
Total	85/103 (82·5%)	90/102 (88·2%)	$p > 0·1$

Location of district genitourinary clinic: hospital or community site?

The NHS and Community Care Act 1990 emphasises the provision of health care sensitive to patient's needs; consumers' views are increasingly being sought in many areas of the health service including genitourinary medicine (GUM).[1] For the management of sexually transmitted diseases GUM specialists require access to a microbiological laboratory and may need to consult with other clinical colleagues including gynaecologists and surgeons. The main GUM clinic should, therefore, be situated within the district general hospital. Such a site becomes important as the number of AIDS cases, with their requirements for inpatient care and access to diagnostic and therapeutic services, increase. However, as immediate access to a laboratory or